

**MULTIPLE-DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101599202

FILING DATE

092206

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		1				
3		2				
4	/					
5		(1)				
6		(1)				
7	/					
8		(1)				
9	/					
10		1				
11		2				
12		(1)				
13		(1)				
14		(1)				
15		(1)				
16	/					
17	/					
18	/					
19	/					
20	/					
21		5				
22		5				
23	/		/			
24		1		1		
25		2		1		
26		2		1		
27		2		1		
28		2		1		
29	/			1		
30		(1)				
31		(1)		1		
32		(1)		1		
33		(1)		1		
34		(1)		1		
35		(1)		1		
36		(1)		1		
37		(1)		1		
38		(1)		1		
39		(1)		1		
40		(1)		1		
41	(1)			1		
42	(1)			1		
43				1		
44			/			
45				1		
46				1		
47				1		
48						
49						
50						
TOTAL IND.	11	↓	2	↓		↓
TOTAL DEP.	40	←	22	←		←
TOTAL CLAIMS	51		24			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						